Is the Selection of Uveitis Clinical Trial Endpoints Impeding the Translation of Immunomodulatory Therapies into Front Line Care?

A Systematic Review

1 BACKGROUND

Endpoint heterogeneity may limit translation of immunomodulatory therapies in non-infectious uveitis. We reviewed randomised control trials (RCTs) to assess outcome variation, risk of bias, and associations with trial completion.

2 OBJECTIVES

Primary: Classify and quantify outcomes in RCTs of immunomodulatory therapies for non-infectious uveitis, and assess associations between risk of bias and trial success.

Secondary: Examine composite endpoints, RoB 2 ratings by outcome type, and variation by uveitis subtype, trial phase and intervention class.

3 METHOD

1. PROSPERO Registration
2. Reported with PRISMA 2020 Guidance
3. Search Conducted
4. Results Screened
5. Outcomes Classified
6. Outcomes Risk of Bias Assessed

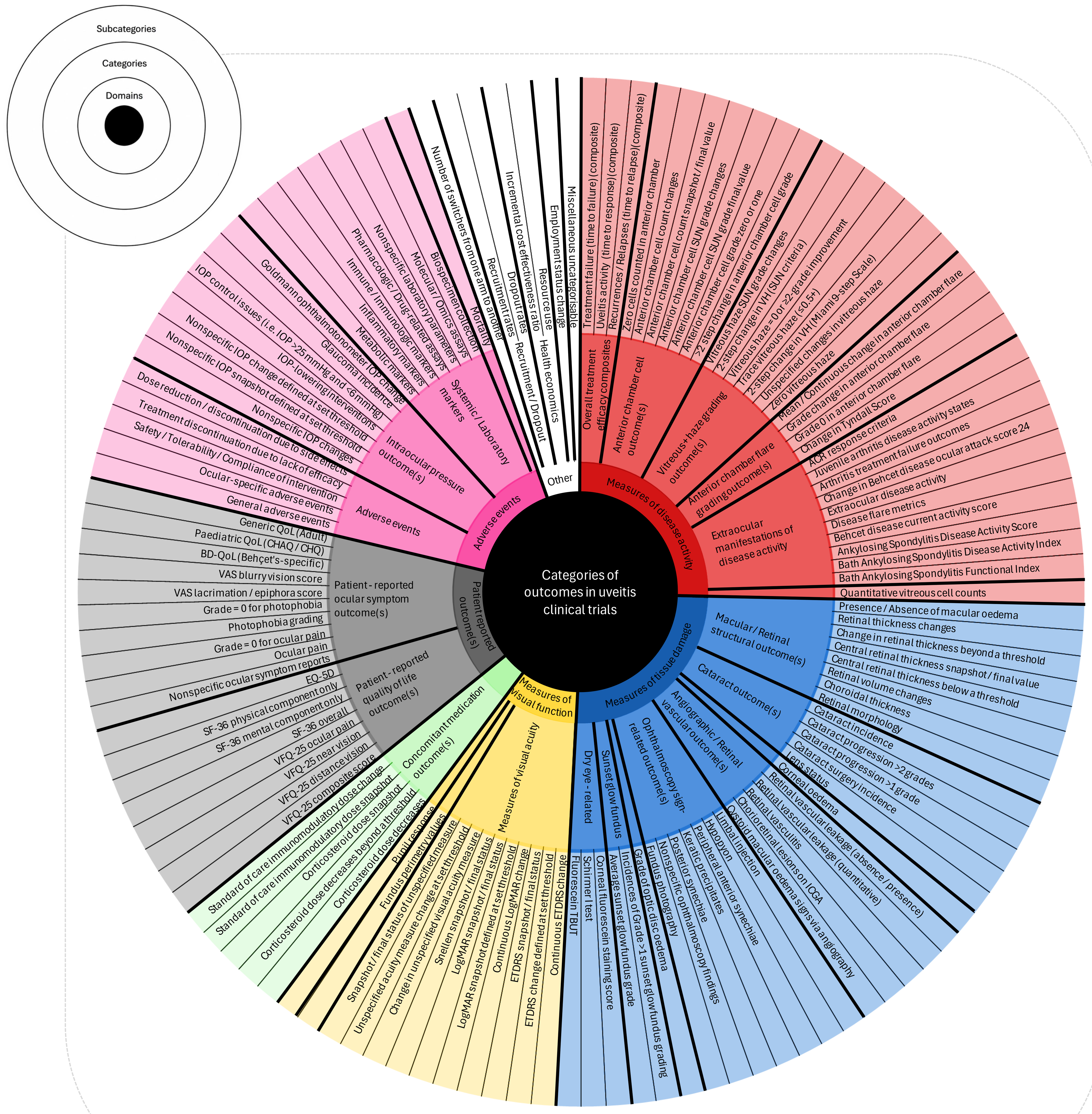
4 KEY FINDINGS

100 trials reported 742 outcomes, with **substantial endpoint heterogeneity.**

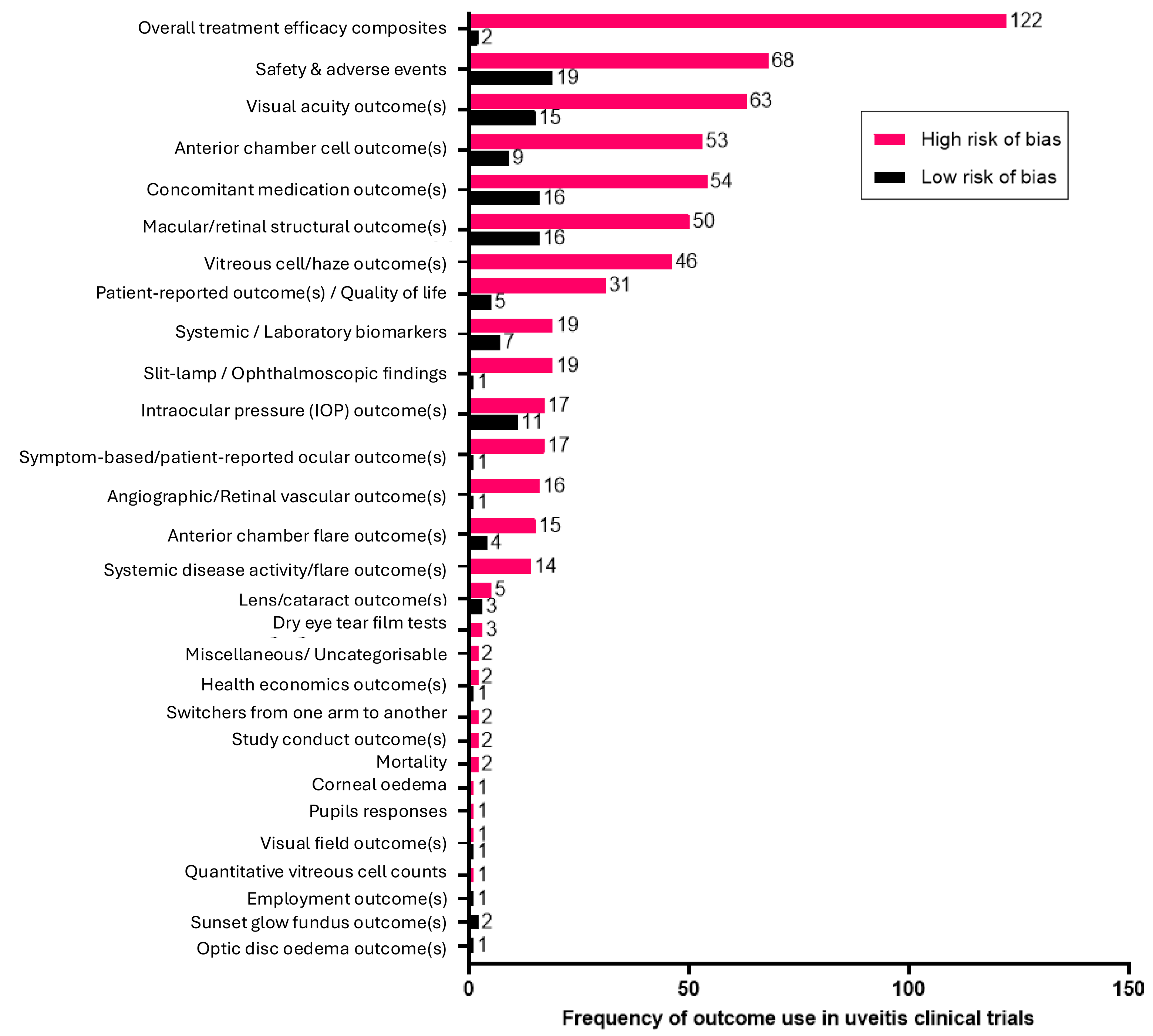
Only 116/742 outcomes were low risk of bias.

Composite endpoints were common but poorly standardised, **98.4% were high risk of bias.**

Greater endpoint standardisation may improve comparability and evidence synthesis.



Outcome Classification Framework



Frequency of low- and high-risk of bias ratings across outcomes

KEY REFERENCES

UNIVERSITY OF BIRMINGHAM

Authors: Gabriel J. Bellamy Plaice[1*], **Alexander J. Sherlock[2*]**, James A. Roberts PhD[1], Benjamin J. Hewitt PhD[1], Ameenat Lola Solebo PhD[3], Chloe N. Thomas PhD[1], Imran Masood[1], Alexandra J. Sinclair PhD[4], David Moore PhD[5], Colin J Chu PhD[6], Alastair K. Denniston PhD[5, 10], Hannah F. Botfield PhD[7], Susan P. Mollan PhD[4,8], Tasanee Braithwaite FRCOphth[9+], Lisa J. Hill PhD[1,2,10+]

*** = Joint first author. These authors have contributed equally**
+ = Joint senior author These authors have contributed equally

[1] Department of Biomedical Sciences, School of Infection, Inflammation, and Immunology, College of Medicine and Health, University of Birmingham, Birmingham UK [2] University Hospitals Birmingham, Birmingham UK [3] University College London Great Ormond Street Institute of Child Health, London UK [4] Department of Metabolism and Systems Research, School of Medical Sciences, College of Medicine and Health, University of Birmingham, Birmingham UK [5] Department of Applied Health Sciences, School of Health Sciences, College of Medicine and Health, University of Birmingham, Birmingham UK [6] Institute of Ophthalmology, University College London & NIHR Moorfields Biomedical Research Centre for Ophthalmology, London UK [7] Department of Inflammation and Ageing, School of Infection, Inflammation, and Immunology, University of Birmingham, Birmingham UK [8] Department of Ophthalmology, Queen's University, Kingston, Ontario, Canada [9] School of Immunology and Microbiology, King's College London, The Medical Eye Unit, Guy's and St Thomas' Hospital NHS Foundation Trust, London UK [10] Birmingham Biomedical Research Centre, National Institute for Health and Care Research, University Hospitals Birmingham, Birmingham UK

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